

DO NOT USE THIS SPACE ISSUED BY	<b>PERSONAL HISTORY STATEMENT</b>	THIS DATE (Fill In)
<b>INSTRUCTIONS</b>		
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>		
<b>SECTION I GENERAL PERSONAL AND PHYSICAL DATA</b>		
1. FULL NAME (Last-First-Middle) <b>KURGVEL, Aleks, MNH.</b>		2. AGE <b>59</b>
		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT <b>5'6"</b>	5. WEIGHT <b>160</b>	6. COLOR OF EYES <b>Gray</b>
		7. COLOR OF HAIR <b>Dark blond</b>
		8. TYPE COMPLEXION <b>Fair</b>
		9. TYPE BUILD <b>Medium</b>
10. SCARS (Type and Location) <b>None</b>		
11. OTHER DISTINGUISHING PHYSICAL FEATURES <b>None</b>		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) <b>18-38 Lamont Street, N.W. Washington 10, D.C.</b>		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. <b>68-05 90th Street, ELMHURST, N.Y. UEfender 5 - 1275.</b>
14. CURRENT PHONE NO. <b>265 - 6826</b>	15. OFFICE PHONE NO. & EXT. <b>Oxford 6 - 1011</b>	
16. LEGAL RESIDENCE (State, Territory or Country) <b>New York.</b>		17. NICKNAMES <b>None</b>
18. OTHER NAMES YOU HAVE USED <b>a) KURBEL, Alexander; b) KUSEL, Alexander.</b>		
19. INDICATE CIRCUMSTANCES (including length of time) under which you have ever used these names: <b>a) For one month in 1940, in Zurich, Switzerland, upon request of German authorities. b) 1941-1944 in Estonia, when visiting restricted training camps.</b>		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority): <b>The first-name changed from ALEKSEI to Aleks, 13 May 1958, U.S. District Court for the District of Columbia.</b>		
<b>SECTION II POSITION DATA</b>		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING <b>NA</b>		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). <b>\$ NA</b>		
3. DATE AVAILABLE FOR EMPLOYMENT <b>NA</b>		
4. INDICATE YOUR WILLINGNESS TO TRAVEL <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER		
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)		
<input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input checked="" type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify): <b>X New York City and vicinity.</b>		
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA. <b>First preference: in New York area, even for a slightly lower wage than in Washington, D.C.</b>		

FORM 444 USE PREVIOUS EDITION.  
11-58

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCE METHOD EXEMPTION 3B2B  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2006

SECTION III CITIZENSHIP									
1. DATE OF BIRTH <b>13 Sep 1904</b>		2. PLACE OF BIRTH (City, State, Country) <b>KURESSAARE (Arensburg), Estonia</b>				3. PRESENT CITIZENSHIP (Country) <b>U.S.A.</b>			
4. CITIZENSHIP ACQUIRED BY <input type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):				5. DATE NATURALIZED <b>13 May 1958</b>		6. NATURALIZATION CERTIFICATE NO. <b>7962501.</b>			
7. COURT ISSUING NATURALIZATION CERTIFICATE <b>U.S. District Court for District of Columbia</b>						8. ISSUED AT (City, State, Country) <b>Washington, D.C.</b>			
9. HAVE YOU HELD PREVIOUS NATIONALITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				10. IF YES, GIVE NAME OF COUNTRY <b>a) Russia; b) Estonia.</b>					
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY. <p>a) Estonia was part of the Russian Empire when I was born, therefore I aquired Russian citizenship by birth;</p> <p>b) My citizenship was changed from Russian to Estonian automatically, in connection with the declaration of independence of Estonia from Russia in 1918.</p>									
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				13. GIVE PARTICULARS <b>NA</b>					
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)? <b>NA</b>									
15. DATE OF ARRIVAL IN U.S. <b>26 Feb 1953.</b>		16. PORT OF ENTRY <b>New York, N.Y.</b>				17. ON PASSPORT OF WHAT COUNTRY <b>Estonia.</b>			
18. LAST U.S. VISA (No., Type, Place of Issue) <b>22667, Applic. V-245696. Nonimmigration, classification B-1, Munich, Germany.</b>						19. DATE VISA ISSUED <b>18 Feb 1958</b>			
SECTION IV EDUCATION									
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED									
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE					<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE				
<input type="checkbox"/> HIGH SCHOOL GRADUATE					<input type="checkbox"/> BACHELOR'S DEGREE				
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE					<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE				
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS					<input type="checkbox"/> MASTER'S DEGREE <input checked="" type="checkbox"/> DOCTOR'S DEGREE (Equivalent)				
2. ELEMENTARY SCHOOL									
1. NAME OF ELEMENTARY SCHOOL a) Private school "Rikau" b) "Ministerial school"					2. ADDRESS (City, State, Country) <b>Kuressaare, Estonia</b>				
3. DATES ATTENDED (From-and-To)					4. GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
3. HIGH SCHOOL									
1. NAME OF HIGH SCHOOL a) "Aleksyevskaya" Gymnasium (Russian) b) Occupational Forces' Gymnasium (German)					2. ADDRESS (City, State, Country) <b>Kuressaare, Estonia</b>				
3. DATES ATTENDED (From-and-To) a) 1914-1917; b) 1917-1918.					4. GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
1. NAME OF HIGH SCHOOL <b>Estonian Coeducational Gymnasium</b>					2. ADDRESS (City, State, Country) <b>Kuressaare, Estonia</b>				
3. DATES ATTENDED (From-and-To) <b>1919-1921.</b>					4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
4. COLLEGE OR UNIVERSITY STUDY									
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HOURS (Specify)		
	MAJOR	MINOR	FROM	TO					
Estonian Coeduc. Gymnasium (7th & 8th years), in Kuressaare.	NA	NA	1921	1923	NA	NA	4 sem.		
Mil. Academy, Techn. Branch, in Tallinn	EE	CE	1923	1926	Jun. Lt.	24.02.26	8 sem.		
Advanced College of War, in Tallinn	Joint Staff	Cond.	1929	1931	K.S. Offl- 10.00	1931	7 sem.		
Same.	Thesis		1931	1932	K.S. DIPLOM Officer	1932	1 sem.		

SECTION IV CONTINUED TO PAGE 3

**SECTION IV CONTINUED FROM PAGE 2**

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT. **For "K.S. DIPLOM" officer's degree. Limits: 60-120 pp.**  
**My thesis was entitled: "Development of the National Communications System to Accommodate Air Defense Requirements". This thesis of 115 pages and some 30 maps, graphs and technical drawings, was submitted in Jan 1932, defended in late '32. It consisted of two parts: 1) historical & technical; 2) application within the realm of Estonian conditions.**

**6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
None				

**7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)**

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
HQ, Estonian Armed Forces, in Tallinn.	Intelligence Officer, (Joint Staff)	1932	1932	2
With the present employer.	Four different classified courses.	1953	1958	1

**8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.**

<b>Courses of English for Foreign Born</b>	<b>1962</b>	<b>1962</b>	<b>2</b>
<b>at the Catholic University, Washington, D.C.</b>	<b>1963</b>	<b>1963</b>	<b>2</b>
<b>University of Tartu, Estonia. Political Economics.</b>	<b>1942</b>	<b>1943</b>	<b>2 sem.</b>

**Studies interrupted because of lack of time due to the aggravation of the military situation and concurrently of my duties in my military unit.**

**SECTION V FOREIGN LANGUAGE ABILITIES**

1. LANGUAGE <small>(List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)</small>	COMPETENCE - IN ORDER LISTED <small>R-Read, W-Write, S-Speak</small>															HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE			NATIVE OF COUNTRY	PRO-LONGED RES-IDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				
<b>Estonian (1)</b>	X	X	X													X	X	X	X
<b>Russian (2)</b>	X	X	X													X	X	X	X
<b>German (3)</b>				X	X	X										-	X	X	X
<b>French (4)</b>				X	-	-	-	X	X							-	-	X	X
<b>Finnish (5)</b>										X	X	X				-	X	X	-
<b>Polish (6)</b>													X	-	X	-	-	X	-
<b>Ukrainian (7)</b>													X	-	-	-	-	X	-

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

**See separate sheet.**

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

**see separate sheet.**

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

**See separate sheet.**

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

☒ YES ☐ NO

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
1) Estonia	All listed above, & military evaluation	1904-1944	Estonia 1919-1944	x	x	x	x
2) Russia	Study of adm.geogr. Econ.intell.research	1915 1942-1944	Eston, 1913-17 Berlin, 1940/41	x	x	x	x
3) Germany	Study of adm.geogr. Mil.intell.research	1937 1940-1941	Estonia, 1917 " 1935-1939	x	x	x	x
4) Finland		1944-1953 1930; 1941-44		x	x	-	x
5) Amman, Jordan		1958/1959		x	x	-	x
CONTINUED, see separate sheet.							
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE. See separate sheet.							
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED. # 1209394, Sep 10, 1960.							

  

SECTION VII TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (wpm) 30	2. SHORTHAND (wpm) NO	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		GREGG	SPEEDWRITING	STENOGRAPHY
		OTHER (Specify):		
2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.). Ciphering machines; microfilm readers and printers; taperecorders.				

  

SECTION VIII SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. Cryptanalysis.	
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK. Considerable exposure to cryptography as intelligence officer, with a particular interest towards breaking Soviet Russian codes. In that greatly assisted by a thorough knowledge of Russian ethnology and syntax.	
3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO. (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES. EA	

SECTION VIII CONTINUED TO PAGE 5

SECTION VIII CONTINUED FROM PAGE 4		
4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>		
5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).  <div style="text-align: center;">NA</div>		
6. FIRST LICENSE OR CERTIFICATE (Year of Issue)  <div style="text-align: center;">NA</div>	7. LATEST LICENSE OR CERTIFICATE (Year of Issue)  <div style="text-align: center;">NA</div>	
8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).  <div style="text-align: center;">See separate sheet.</div>		
9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.  <div style="text-align: center;">None</div>		
10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.  <div style="text-align: center;">See separate sheet.</div>		
11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED. <b>Member of the Association of Alumna of the Advanced College of War, in Tallinn, since the Association was formed (1933?), up to 1940.</b> <b>Member of the Association of the (Former) Officers of Estonian Armed Forces in U.S.A., New York, N.Y.</b> <b>Member of the Estonian Educational Society, New York, N.Y.</b> <b>Member of the Estonian Literary Society, New York, N.Y.</b> <b>Honors: Military Academy top graduate of the class, recognized by two years' seniority in grade, and appropriate incidental awards.</b> <b>Advanced College of War - recognized by award of one year's seniority in grade.</b>		
SECTION IX EMPLOYMENT HISTORY		
NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.		
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <b>05 Sep 1931 - up to date.</b>	2. NAME OF EMPLOYING FIRM OR AGENCY <b>Department of the Army</b>	
3. ADDRESS (No., Street, City, State, Country) <b>Washington, D.C.</b>		
4. KIND OF BUSINESS <b>National Defense.</b>	5. NAME OF SUPERVISOR <b>Different, due to the length of time.</b>	
6. TITLE OF JOB <b>Linguistic and Research Adviser.</b>	7. SALARY OR EARNINGS <b>\$ 8.310 PER year</b>	8. CLASS. GRADE (If Federal Service) <b>NA</b>
9. DESCRIPTION OF DUTIES <b>Different at different times, as ordered.</b>		
10. REASONS FOR LEAVING <div style="text-align: center;">NA.</div>		

SECTION IX CONTINUED TO PAGE 6

SECTION IX CONTINUED FROM PAGE 5			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <b>Oct 1949 to Sep 1951</b>		2. NAME OF EMPLOYING FIRM OR AGENCY <b>U.S. Immigration Processing Center.</b>	
3. ADDRESS (No., Street, City, State, Country) <b>Wentorf, near Hamburg, W. Germany.</b>			
4. KIND OF BUSINESS <b>Immigration processing.</b>		5. NAME OF SUPERVISOR <b>Mr. Lehmann.</b>	
6. TITLE OF JOB <b>"Clerk bilingual"</b>		7. SALARY OR EARNINGS \$ <b>NA</b> PER	8. CLASS. GRADE (If Federal Service) <b>NA</b>
9. DESCRIPTION OF DUTIES <b>Preparing briefs and translations of the correspondence concerning the immigration. Registering of documents and mail. NOTE: This was a temporary position while waiting for emigration.</b>			
10. REASONS FOR LEAVING <b>Improvement of my situation in sight of suspended emigration, by accepting an offer of a lasting job, suitable to my experiences.</b>			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <b>Nov 1946 to Sep 1949.</b>		2. NAME OF EMPLOYING FIRM OR AGENCY <b>UNERA, later IRO.</b>	
3. ADDRESS (No., Street, City, State, Country) Successively: <b>D.P.Camp OXFORD, near Dannenberg; D.P.Camp KUNGLA at Stolzenau/Weser; D.P.CAMP ESSER, near Lingen, all in W.Germany</b>			
4. KIND OF BUSINESS <b>Administration and Public Relations.</b>		5. NAME OF SUPERVISOR <b>Respective DPACSS commanders and Camp Leaders, none of them in the U.S.A.</b>	
6. TITLE OF JOB <b>Office Manager; Deputy Camp Leader; Chairman, Camp Committee.</b>		7. SALARY OR EARNINGS \$ <b>NA</b> PER	8. CLASS. GRADE (If Federal Service) <b>NA</b>
9. DESCRIPTION OF DUTIES <b>Supervision of multilingual administration of the camps of different nationalities, with up to 12 section leaders and clerks subordinated. Moderation of conflicting national and confessional interests of different groups of inmates.</b>			
10. REASONS FOR LEAVING <b>Official transfers from camp to camp, and "call-forward" for emigration.</b>			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <b>Sep 1940 to June 1941.</b>		2. NAME OF EMPLOYING FIRM OR AGENCY <b>I.G.FARBEN Industries.</b>	
3. ADDRESS (No., Street, City, State, Country) <b>Brunnenstrasse, Berlin, Germany.</b>			
4. KIND OF BUSINESS <b>An industrial concern.</b>		5. NAME OF SUPERVISOR <b>Dr. Karkov.</b>	
6. TITLE OF JOB <b>Research analyst.</b>		7. SALARY OR EARNINGS \$ <b>NA</b> PER	8. CLASS. GRADE (If Federal Service) <b>NA</b>
9. DESCRIPTION OF DUTIES <b>Independent research and study of the leather- and shoe-industry of the Soviet Union. Additional assignments in urgent research in other fields of Soviet industry.</b>			
10. REASONS FOR LEAVING <b>The German-Russian war in sight, I followed a call to join the German Military Intelligence Service.</b>			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (No., Street, City, State, Country)			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS \$ PER	8. CLASS. GRADE (If Federal Service)

SECTION IX CONTINUED TO PAGE 7

SECTION X											
MILITARY SERVICE											
1. CURRENT DRAFT STATUS											
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2. SELECTIVE SERVICE CLASSIFICATION		NA		3. SELECTIVE SERVICE NO.	
4. IF DEFERRED, GIVE REASON				NA		5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS					
2. MILITARY SERVICE RECORD											
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP											
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify):		
HAVE SERVED →	<input checked="" type="checkbox"/>								Estonian, Finnish and German.		
NOW SERVING →											
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)											
NA											
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)						4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)					
NA						NA					
5. DATE ENTERED ACTIVE DUTY →		PAST SERVICE		CURRENT SERVICE		6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION					
NA		NA		NA		23 years					
7. RANK, GRADE OR RATE		PAST SERVICE		CURRENT SERVICE		8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)					
Capt. K.S. Diplom.		NA		NA		NA					
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				PAST SERVICE				CURRENT SERVICE			
NA				NA				NA			
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				PAST SERVICE				CURRENT SERVICE			
NA				NA				NA			
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)											
See additional sheet concerning my Military Service.											
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY											
NA											
HONORABLE DISCHARGE			RETIREMENT FOR SERVICE			UNIQUE HARDSHIPS					
RELEASE TO INACTIVE DUTY			RETIREMENT FOR COMBAT DISABILITY			OTHER:					
RETIREMENT FOR AGE			RETIREMENT FOR PHYSICAL DISABILITY								
13. CHECK (X) COMPONENT IN WHICH YOU SERVED											
NA											
REGULAR		RESERVE (Including the National and Air National Guard)				OTHER (Including AUS)					
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS											
NA											
1. DO YOU NOW HAVE RESERVE STATUS?		YES		NO		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?		YES		NO	
3. ARE YOU NOW A MEMBER OF THE ROTC?		YES		NO		4. ARE YOU NOW A MEMBER OF THE ROTC?		YES		NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW											
NA											
ARMY		MARINE CORPS		NATIONAL GUARD		COAST GUARD		NAVY ROTC		INDICATE ROTC CATEGORY NUMBER	
NAVY		AIR FORCE		AIR NAT'L. GUARD		ARMY ROTC		AIR FORCE ROTC			
5. CURRENT RANK, GRADE OR RATE				6. DATE OF APPOINTMENT IN CURRENT RANK				7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION			
8. CHECK (X) CURRENT RESERVE CATEGORY				READY RESERVE				STANDBY (Active)			
								STANDBY (Inactive)			
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE							
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES											
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT				YES				13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS			
				NO							
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?				YES				15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS			
				NO							
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY				YEARS				MONTHS			
								17. WHERE ARE YOUR SERVICE RECORDS KEPT			

SECTION IX CONTINUED FROM PAGE 6			
5	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
6	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY
	3. ADDRESS (No., Street, City, State, Country)		
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR
	6. TITLE OF JOB		7. SALARY OR EARNINGS
			8. CLASS. GRADE (If Federal Service)
			\$ PER
	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
	7	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	
3. ADDRESS (No., Street, City, State, Country)			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS	
		8. CLASS. GRADE (If Federal Service)	
		\$ PER	
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			
8. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.			
9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS			
See additional sheet concerning my Military Service in Estonia.			



SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME <b>The rent for one apartment of a two-apartment house which I and my wife bought in Elmhurst, N.Y. in 1963.</b>			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (City, State, Country)	
<b>Long Island City Savings Bank</b>		<b>35-01 30th Ave, L.I. City 3, N.Y.</b>	
<b>The First National City Bank of New York</b>		<b>399 Park Avenue, New York 22, N.Y.</b>	
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S) <b>NA</b>			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME		ADDRESS (No., Street, City, State)	
<b>The Chase Manhattan Bank</b>		<b>1, Chase Manhattan Plaza, New York, N.Y.</b>	
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS <b>NA</b>			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY: <b>MARRIED.</b>			
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS <b>NA</b>			
WIFE, HUSBAND If you have been married more than once - including annulments - use a separate sheet for former wife or OR FIANCE: husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé.			
3. NAME (First) <b>Salme</b> (Middle) <b>HEM</b> (Maiden) <b>EPINE</b> (Last) <b>KURGVEL</b>			
4. STATE ANY OTHER NAMES EVER USED <b>NONE</b>		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.	
5. DATE OF MARRIAGE <b>25 Oct 1928</b>		6. PLACE OF MARRIAGE (City, State, Country) <b>Tarva, Estonia.</b>	
7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) <b>Kalda teenav, Tarva, Estonia.</b>			
8. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. DATE OF DEATH <b>NA</b>	
		10. CAUSE OF DEATH <b>NA</b>	
11. CURRENT ADDRESS (Give last address, if deceased) <b>46-05 90th Street, Elmhurst, N.Y.</b>			
12. DATE OF BIRTH <b>12 Jan 1909</b>		13. PLACE OF BIRTH (City, State, Country) <b>Tarva, Estonia</b>	
		14. CITIZENSHIP <b>U.S.A.</b>	

SECTION XII CONTINUED TO PAGE 10

SECTION XII CONTINUED FROM PAGE 9				
14. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>31 Jan 1932</b>		15. PLACE OF ENTRY <b>New York, N.Y.</b>		
16. FORMER CITIZENSHIP(S) [Country(ies)] <b>Russia; Estonia.</b>		17. DATE U.S. CITIZENSHIP ACQUIRED <b>23 July 1957</b>	18. WHERE ACQUIRED (City, State, Country) <b>New York, N.Y.</b>	
19. OCCUPATION <b>Clerk.</b>		20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers) <b>The First National City Bank of New York, N.Y.</b>		
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) <b>399 Park Avenue, New York, N.Y.</b>				
22. DATES OF MILITARY SERVICE (From and to - By No. and Yr.) <b>NA</b>				
23. BRANCH OF SERVICE <b>NA</b>		24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <b>NA</b>		
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>NONE.</b>				
SECTION XIII CHILDREN AND OTHER DEPENDENTS				
1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
<b>KURGVEL, Jaan, Captain</b>	<b>Son</b>	<b>23 Jan 1931, Tallinn, Estonia.</b>	<b>U.S.A.</b>	<b>USA QM School, Fort Lee, Va.</b>
<b>KURGVEL, Rein</b>	<b>Son</b>	<b>04 May 1939, Tallinn, Estonia.</b>	<b>U.S.A.</b>	<b>46-05 90th St. Elmhurst, N.Y.</b>
2. NUMBER OF CHILDREN (including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.		3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING.		
<b>None</b>		<b>2</b>		
SECTION XIV FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)				
1. FULL NAME (Last-First-Middle) <b>KURGVEL, Johann (Ivan) MMN</b>		2. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH <b>1926</b>	4. CAUSE OF DEATH <b>Inner disease.</b>
5. STATE OTHER NAMES HE HAS USED <b>None.</b>		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country) <b>Kitsbergi 4, Kressaare, Estonia.</b>				
7. DATE OF BIRTH <b>14 Feb 1871.</b>	8. PLACE OF BIRTH (City, State, Country) <b>Parish MAASI, Island Saaremaa, Estonia</b>		9. CITIZENSHIP <b>Estonia.</b>	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>		
12. FORMER CITIZENSHIP(S) [Country(ies)] <b>NA</b>		13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>	
15. OCCUPATION <b>Gardener &amp; baker.</b>		16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed) <b>NA</b>		
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED <b>NA</b>				
18. DATES OF MILITARY SERVICE (From-and-To) <b>NA</b>		19. BRANCH OF SERVICE <b>NA</b>		20. COUNTRY <b>NA</b>
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>NA</b>				

SECTION XV MOTHER (Give same information for Stepmother on separate sheet)			
1. FULL NAME (Last-First-Middle) <b>KURGVEL, Maria (NMN)</b>	2. LIVING YES <input checked="" type="checkbox"/> NO	3. DATE OF DEATH <b>1945 or 1946</b>	4. CAUSE OF DEATH <b>Unknown</b>
5. STATE OTHER NAMES SHE HAS USED <b>NONE</b>	INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country) <b>Kitsbergi 4, Kuressaare, Estonia</b>			
7. DATE OF BIRTH <b>29 July 1868</b>	8. PLACE OF BIRTH (City, State, Country) <b>Parish LILSI, Island Saaremaa, Estonia</b>		9. CITIZENSHIP <b>Estonian.</b>
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>	11. PLACE OF ENTRY <b>NA</b>		
12. FORMER CITIZENSHIP(S) [Country(ies)] <b>NA</b>	13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>	
15. OCCUPATION <b>Housewife</b>	16. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed) <b>NA</b>		
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED <b>NA</b>			
18. DATES OF MILITARY SERVICE (From-and-To) <b>NA</b>	19. BRANCH OF SERVICE <b>NA</b>	20. COUNTRY <b>NA</b>	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>NA</b>			
SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle) <b>KURGVEL, Olga (NMN)</b>	2. RELATIONSHIP <b>Sister</b>	3. CITIZENSHIP (Country) <b>Estonia</b>	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <b>Probably: Kitsbergi 4, Kuressaare (Kingssepa), Estonia.</b>		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE <b>63</b>
1. FULL NAME (Last-First-Middle) <b>KURGVEL, Keemia (NMN)</b>	2. RELATIONSHIP <b>Sister</b>	3. CITIZENSHIP (Country) <b>Sweden</b>	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <b>Hollanbergsgaegen 83, HALGKISTEN, Sweden.</b>		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE <b>64</b>
1. FULL NAME (Last-First-Middle) <b>MARIFU, Mademda (Lootus) NMN</b>	2. RELATIONSHIP <b>Sister</b>	3. CITIZENSHIP (Country) <b>Sweden</b>	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <b>Hollanbergsgaegen 83, HALGKISTEN, Sweden</b>		5. LIVING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. AGE <b>55</b>
1. FULL NAME (Last-First-Middle) <b>KURGVEL, Sinada (Ida) NMN</b>	2. RELATIONSHIP <b>Sister</b>	3. CITIZENSHIP (Country) <b>Estonian</b>	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <b>NA</b>		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE <b>NA</b>
1. FULL NAME (Last-First-Middle) <b>KIRKMAN, Eiliseveta (Lila) NMN</b>	2. RELATIONSHIP <b>Sister</b>	3. CITIZENSHIP (Country) <b>Estonian</b>	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <b>NA</b>		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE <b>NA</b>
1. FULL NAME (Last-First-Middle) <b>*****</b>	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE

SECTION XVII FATHER-IN-LAW			
1. FULL NAME (Last-First-Middle) <b>EPLER, Karl (NMN)</b>		2. LIVING YES <input checked="" type="checkbox"/> NO	3. DATE OF DEATH <b>1950</b>
4. CAUSE OF DEATH <b>Unknown.</b>			
5. STATE OTHER NAMES HE HAS USED <b>Unknown, probably none.</b>			
INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>Somewhere in Estonia.</b>			
7. DATE OF BIRTH <b>06 Feb 1878 or '77</b>	8. PLACE OF BIRTH (City, State, Country) <b>Parish Elistvere, Estonia</b>		9. CITIZENSHIP <b>Estonian</b>
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>	
12. FORMER CITIZENSHIP(S) [Country(ies)] <b>NA</b>		13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>
15. OCCUPATION <b>Merchant</b>		16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) <b>NA</b>	
SECTION XVIII MOTHER-IN-LAW			
1. FULL NAME (Last-First-Middle) <b>EPLER, Ida (NMN) nee LIBLIK.</b>		2. LIVING YES <input checked="" type="checkbox"/> NO	3. DATE OF DEATH <b>16 July 1956</b>
4. CAUSE OF DEATH <b>Inner disease.</b>			
5. STATE OTHER NAMES SHE HAS USED <b>NONE</b>			
INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>Somewhere in Estonia.</b>			
7. DATE OF BIRTH <b>25 Mar 1882 or '81.</b>	8. PLACE OF BIRTH (City, State, Country) <b>District Viljandi, Estonia</b>		9. CITIZENSHIP <b>Estonian</b>
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>	
12. FORMER CITIZENSHIP(S) [Country(ies)] <b>NA</b>		13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>
15. OCCUPATION <b>Housewife</b>		16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) <b>NA</b>	
SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT			
1. FULL NAME (Last-First-Middle) <b>USSIBOO, Oie (NMN) nee MARIPUU.</b>		2. RELATIONSHIP <b>Niece</b>	3. AGE <b>36</b>
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>20 Domarvaegen, HUDDINGEN, Sweden</b>		5. EMPLOYED BY <b>NA.</b>	
6. CITIZENSHIP (Country) <b>Sweden</b>	7. FREQUENCY OF CONTACT <b>Occasional letters exchanged.</b>		8. DATE OF LAST CONTACT <b>March 1959.</b>
1. FULL NAME (Last-First-Middle) <b>USSIBOO, Ilmar</b>		2. RELATIONSHIP <b>Niece's husband</b>	3. AGE <b>approx. 40</b>
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>20 Domarvaegen, HUDDINGEN, Sweden</b>		5. EMPLOYED BY <b>The Swedish Government.</b>	
6. CITIZENSHIP (Country) <b>Sweden</b>	7. FREQUENCY OF CONTACT <b>Occasional letters exchanged.</b>		8. DATE OF LAST CONTACT <b>March 1959.</b>
1. FULL NAME (Last-First-Middle) <b>MARIPUU, Uelo (NMN)</b>		2. RELATIONSHIP <b>Nephew</b>	3. AGE <b>34</b>
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Goetaborg, Sweden</b>		5. EMPLOYED BY <b>A Swedish business concern.</b>	
6. CITIZENSHIP (Country) <b>Swedish</b>	7. FREQUENCY OF CONTACT <b>Occasional letters exchanged</b>		8. DATE OF LAST CONTACT <b>March 1959.</b>
1. FULL NAME (Last-First-Middle) <b>RAID, Maie (NMN) nee MARIPUU.</b>		2. RELATIONSHIP <b>Niece</b>	3. AGE <b>33</b>
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Tornalingen 37 n.b., FRANSBURG, Sweden.</b>		5. EMPLOYED BY <b>A Swedish private firm.</b>	
6. CITIZENSHIP (Country) <b>Swedish</b>	7. FREQUENCY OF CONTACT <b>Occasional letters exchanged</b>		8. DATE OF LAST CONTACT <b>March 1959.</b>

SECTION XIX CONTINUED TO PAGE 13

**SECTION XIX CONTINUED FROM PAGE 12**

**6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE**

I have not yet had occasion to meet Mr. Raid, the husband of Maie Raid. He is an Estonian, probably of Swedish citizenship.  
Uelo Maripuu is married. I have met his wife, Juts, an Estonian, in 1959.

**SECTION XX**

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES**

1. NAME (Last-First-Middle) <b>KUROVEL, Jaan</b>	2. RELATIONSHIP <b>Son</b>	3. AGE <b>33</b>	4. CITIZENSHIP <b>U.S.A.</b>
5. ADDRESS (No., Street, City, State, Country) <b>110-40 72 Ave, Apt. 2F, Forest Hills, N.Y.</b>		6. TYPE AND LOCATION OF SERVICE (If known) <b>Captain, QMC, Fort Lee, Va.</b>	
1. NAME (Last-First-Middle) *****	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATION OF SERVICE (If known)	
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATION OF SERVICE (If known)	

**SECTION XXI**

**REFERENCES, ACQUAINTANCES, AND NEIGHBORS**

**1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S. WHO KNOW YOU INTIMATELY**

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
<b>SALUSTE, Anton, Eston, Capt.</b>		<b>130 Cedar St, Kingston, N.Y.</b>
<b>VAINSAU, Villem, " "</b>		<b>111 Eymond St, Hasbrouck Heights, N.J.</b>
<b>SAMEK, Paul</b>		<b>110-40 72 Ave, Apt. 2F, Forest Hills, N.Y.</b>
<b>ALLIK, Ernst</b>		<b>27 Sickles St, New York 34, N.Y.</b>
<b>KITZBERG, Jaan</b>	<b>Voice of America, Washington, D.C.</b>	

**2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS**

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
<b>DEKIAU, Herbert, Eston Major</b>	<b>Library of Congress, Washington, D.C.</b>	<b>116 3rd St. N.E., Washington, D.C.</b>
<b>HANTSO, Leonard, M.D.</b>		<b>701 Maryland Ave, Washington, D.C.</b>
<b>LAUBE, Peter, M.D.</b>	<b>Veterans' Home &amp; Hospital, Rocky Hill, Conn.</b>	
<b>MOUKAS, Aleksander</b>		<b>1211 Monmouth Ave, Lakewood, N.J.</b>
<b>REIMAN, Arvo, Attorney at Law</b>		<b>135 William St. Room 300, New York 38, N.Y.</b>

**3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.**

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
<b>MAERZ, Erich</b>		<b>88-49 St. James Ave, Elmhurst, N.Y.</b>
<b>SILLING, Eric</b>		<b>88-39, St. James Ave, Elmhurst, N.Y.</b>
<b>Not well enough acquainted with others yet.</b>		

[illegible]

SECTION XXIV		ADDITIONAL INFORMATION	
1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN  NA			
3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	4. IF SO, TO WHAT EXTENT? Some alcohol, on restricted, social level, with full self-control.
5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. IF SO, TO WHAT EXTENT?
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS.  See additional sheets about my <u>military service</u> .			
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940  Civil Service Commission.			
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.  Unknown.			
NOTE SPECIAL INSTRUCTIONS: If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.			
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
SECTION XXV		PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
1. NAME (First-Middle-Last) Mrs. Salme KUNGVEL		2. RELATIONSHIP Wife.	
3. HOME ADDRESS (No., Street, City, Zone, State, Country) 48-05 90th Street, Bayside, N.Y.		4. HOME PHONE NO. Defender 5 - 1275.	
5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER First National City Bank of New York, 399 Park Avenue, New York 22, N.Y.		6. BUSINESS PHONE NO. & EXT. 559-2106	
7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED, IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. Captain Jean KUNGVEL, USA QM School, Fort Lee, Va. Telephone 703-734-1748.			

SECTION XXVI		CERTIFICATION	
<p>YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.</p> <p>I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).</p>			
1. DATE OF SIGNATURES		2. SIGNATURE OF APPLICANT	
3. SIGNED AT (City and State)		4. SIGNATURE OF WITNESS	
<p>NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.</p>			
<p>ATTACHED: Six items, on eight sheets.</p> <p>Aleks Kurgvel.</p>			